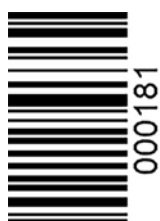




DEATH CLAIM FORM

SINGLE LIFE PLAN WHERE THE AMOUNT PAYABLE IS MORE THAN €60,000



Before you give us your personal information it is important that you know what your data protection rights are and how and why we use your personal information. This is set out in the Irish Life Data Privacy Notice which is always available on our website at www.irishlife.ie or you can ask us for a copy.

Please use BLOCK CAPITALS.

An executor or administrator will fill this in.

Please return this form and other documents to
Protection Claims, Irish Life Assurance Plc, Irish Life Centre, Lower Abbey St, Dublin 1.

The proceeds of this plan are payable to the legal representatives of the deceased's estate. A Grant of Probate or Letters of Administration will be required before payment can be made.

We need relevant personal health information to assess this claim. We may need to contact you if we need to clarify any information or ask you for further information. We may also need to get relevant personal health information in connection with this claim from GPs, consultants, hospitals or other health professionals. We may use the health information obtained at this claim for any subsequent claims to Irish Life.

If you have any queries regarding the claims process, please refer to the 'Death claims - a guide to claiming under a life assurance plan' booklet. A copy is also available on our web site www.irishlife.ie

To process this claim we also need the following:

- Certified copy of the Death Certificate
- Certified copy of the Grant of Probate

A certified copy is a copy of the original document which has been stamped as a true copy by a solicitor any bank or financial institution or at a Garda Station.

If you have any questions about filling in this form, please contact our Customer Service team on 01 704 1010 or email customerservice@irishlife.ie

Our lines are open:

8am - 8pm Monday to Thursday
10am - 6pm Friday
9am - 1pm Saturday

Plan Details

Life Covered

(Name of the person who has died)

Date of Death

 / /

Plan Numbers

Declaration:

I am legally entitled to claim the amount you will pay under this plan. I declare that all answers given by me in this statement are, to the best of my knowledge and belief, true and complete.

I understand and agree that the claim with Irish Life Assurance plc (Irish Life) will be based on all personal and health information Irish Life hold from applications and all personal and health information received for any claim.

Name of Executor

(BLOCK LETTERS)

Address of Executor

In the interest of customer service we will record and monitor calls.

An executor or administrator will fill this in.

